UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Boy 1450

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# NOTICE OF ALLOWANCE AND FEE(S) DUE

000210

7590

06/02/2005

MERCK AND CO., INC P O BOX 2000 RAHWAY, NJ 07065-0907 EXAMINER

GUZO, DAVID

PAPER NUMBER

ART UNIT

DATE MAILED: 06/02/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|-----------------|-------------|----------------------|---------------------|------------------|--|
| 10/032,585      | 12/20/2001  | Terry Roemer         | 10182-016-999       | 8340             |  |

TITLE OF INVENTION: GENE DISRUPTION METHODOLOGIES FOR DRUG TARGET DISCOVERY

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$700     | \$300           | \$1000           | 09/02/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| maintenance fee notificatio                                                                                                                                                           | ns.<br>CE ADDRESS (Note: Use Block 1 for                                                                       |                                                                                                        |                                                                                       | Note: A                                                                                                                    | rertificate of                                                             | mailing can only be used for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | or domestic mailings of the                                                                                                                          |
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| 000210 7                                                                                                                                                                              | 7590 06/02/2005                                                                                                |                                                                                                        |                                                                                       | Fee(s) Trappers. E                                                                                                         | ansmittal. The<br>ach addition                                             | ais certificate cannot be used al paper, such as an assignme of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | for any other accompanying<br>ent or formal drawing, must                                                                                            |
| MERCK AND C<br>P O BOX 2000<br>RAHWAY, NJ 07                                                                                                                                          | CO., INC                                                                                                       |                                                                                                        |                                                                                       |                                                                                                                            | Ce                                                                         | rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address PTO (703) 746-4000, on the control of th | smission                                                                                                                                             |
|                                                                                                                                                                                       |                                                                                                                |                                                                                                        |                                                                                       |                                                                                                                            |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Depositor's name)                                                                                                                                   |
|                                                                                                                                                                                       |                                                                                                                |                                                                                                        |                                                                                       |                                                                                                                            |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Signature)                                                                                                                                          |
|                                                                                                                                                                                       |                                                                                                                |                                                                                                        |                                                                                       |                                                                                                                            |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (Date)                                                                                                                                               |
| APPLICATION NO.                                                                                                                                                                       | FILING DATE                                                                                                    | F                                                                                                      | FIRST NAMED                                                                           | INVENTOR                                                                                                                   | <del> </del>                                                               | ATTORNEY DOCKET NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONFIRMATION NO.                                                                                                                                     |
| 10/032,585                                                                                                                                                                            | 12/20/2001                                                                                                     |                                                                                                        | Terry Ro                                                                              | emer                                                                                                                       |                                                                            | 10182-016-999                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8340                                                                                                                                                 |
| TITLE OF INVENTION: (                                                                                                                                                                 | GENE DISRUPTION METH                                                                                           | ODOLOGIES FOR                                                                                          | DRUG TARC                                                                             | GET DISCOVER                                                                                                               | Y                                                                          | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | *                                                                                                                                                    |
| APPLN. TYPE                                                                                                                                                                           | SMALL ENTITY                                                                                                   | ISSUE FE                                                                                               | EE                                                                                    | PUBLICATIO                                                                                                                 | N FEE                                                                      | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                                             |
| nonprovisional                                                                                                                                                                        | YES                                                                                                            | \$700                                                                                                  | <u> </u>                                                                              | \$300                                                                                                                      |                                                                            | \$1000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 09/02/2005                                                                                                                                           |
| EXA                                                                                                                                                                                   | MINER                                                                                                          | ART UNI                                                                                                | т Г                                                                                   | CLASS-SUBO                                                                                                                 | LASS                                                                       | ı ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                      |
|                                                                                                                                                                                       | DAVID                                                                                                          | 1636                                                                                                   |                                                                                       | 435-3250                                                                                                                   | -                                                                          | j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                      |
|                                                                                                                                                                                       | ce address or indication of "F                                                                                 |                                                                                                        | 2 For printi                                                                          | ng on the patent                                                                                                           |                                                                            | ct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |
| Tree Address" indica                                                                                                                                                                  | dence address (or Change of<br>22) attached.<br>tion (or "Fee Address" Indica<br>or more recent) attached. Use | ation form                                                                                             | or agents Ol  (2) the name registered at 2 registered                                 | es of up to 3 reg<br>R, alternatively,<br>e of a single firm<br>ttorney or agent)<br>patent attorneys<br>me will be printe | (having as a<br>and the nan<br>or agents. If                               | a member a 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                      |
| PLEASE NOTE: Unles                                                                                                                                                                    | n 37 CFR 3.11. Completion                                                                                      | elow, no assignee of this form is NOT                                                                  | data will appea<br>a substitute fo                                                    | ar on the patent.                                                                                                          | ment.                                                                      | nce is identified below, the d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | locument has been filed for                                                                                                                          |
| Please check the appropriat                                                                                                                                                           | e assignee category or catego                                                                                  | ries (will not be pri                                                                                  | nted on the pat                                                                       | ent): 🗖 Indiv                                                                                                              | ridual 🖵 C                                                                 | orporation or other private gr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oup entity Government                                                                                                                                |
| 4a. The following fee(s) are                                                                                                                                                          |                                                                                                                |                                                                                                        | . Payment of Fo                                                                       | ` '                                                                                                                        |                                                                            | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                      |
| Issue Fee                                                                                                                                                                             |                                                                                                                |                                                                                                        |                                                                                       | the amount of th                                                                                                           |                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |
|                                                                                                                                                                                       | small entity discount permitte f Copies                                                                        |                                                                                                        |                                                                                       | y credit card. For<br>tor is hereby aut                                                                                    |                                                                            | s is attached.<br>harge the required fee(s), or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | credit any overnayment to                                                                                                                            |
|                                                                                                                                                                                       |                                                                                                                |                                                                                                        | Deposit Accou                                                                         | int Number                                                                                                                 |                                                                            | (enclose an extra c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | opy of this form).                                                                                                                                   |
|                                                                                                                                                                                       | s (from status indicated above SMALL ENTITY status. See                                                        |                                                                                                        | Dh Applica                                                                            | nt is no longer of                                                                                                         | iming SMA                                                                  | LL ENTITY status. See 37 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ED 1 27(a)(2)                                                                                                                                        |
|                                                                                                                                                                                       |                                                                                                                |                                                                                                        | • • •                                                                                 |                                                                                                                            |                                                                            | y paid issue fee to the application of the state of the application of the state of |                                                                                                                                                      |
| Authorized Signature                                                                                                                                                                  | -                                                                                                              |                                                                                                        |                                                                                       |                                                                                                                            | Date                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                      |
| Typed or printed name _                                                                                                                                                               |                                                                                                                |                                                                                                        |                                                                                       |                                                                                                                            | Registration                                                               | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      |
| This collection of informati<br>an application. Confidential<br>submitting the completed a<br>this form and/or suggestion<br>Box 1450, Alexandria, Virg<br>Alexandria, Virginia 22313 | pplication form to the USPT<br>s for reducing this burden, she<br>ginia 22313-1450 DO NOT                      | 11. The information<br>122 and 37 CFR 1<br>O. Time will vary<br>nould be sent to the<br>SEND FEES OR C | n is required to<br>1.14. This colle<br>depending upo<br>Chief Informa<br>COMPLETED I | obtain or retain<br>ection is estimate<br>in the individual<br>ation Officer, U.S<br>FORMS TO THI                          | a benefit by<br>d to take 12<br>case. Any co<br>s. Patent and<br>S ADDRES: | the public which is to file (an<br>minutes to complete, includir<br>omments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.



## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspio.gov

| APPLICATION NO.                       | FI   | LING DATE  | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |
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| 10/032,585                            | 1    | 12/20/2001 | Terry Roemer         | 10182-016-999           | 8340             |  |
| 000210                                | 7590 | 06/02/2005 | EXAMINER GUZO, DAVID |                         |                  |  |
| MERCK AND                             | •    | C          |                      |                         |                  |  |
| P O BOX 2000<br>RAHWAY, NJ 07065-0907 |      |            |                      | ART UNIT                | PAPER NUMBER     |  |
| ,-··                                  |      | •          |                      | 1636                    |                  |  |
|                                       |      |            |                      | DATE MAILED: 06/02/2005 |                  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 158 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 158 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.